



Psychotropic Medication Advisory Committee (PMAC)

2020 Annual Report

**Department of Social Services –
Children’s Division**

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Establishment of the Psychotropic Medication Advisory Committee

The Department of Social Services (DSS) administers several programs to promote, safeguard and protect the general welfare of children in the State of Missouri. DSS has established the Children's Division (CD) to administer and manage the programs for children who are in the legal custody of the state. The CD's mission is to empower Missourians to live safe, healthy, and productive lives. CD has developed specific programs to provide specialized services. These programs keep children safe through investigation, intervention, prevention, early child care, adoption and foster care.

On June 17, 2017, CD became involved in litigation regarding the use of psychotropic medication and children in foster care. The litigation was filed by several children, on behalf of all children in CD custody who presently are, or in the future will be, prescribed or administered one or more psychotropic medications while in state care, and it sought changes in how CD manages psychotropic medications and medical records for children in its custody. CD collaborated with several public agencies to further address the needs of children on psychotropic medication while in the custody of CD. Those best practice protocols were included in a Joint Settlement Agreement (Agreement), along with data measures.

On July 15, 2019, an order granting preliminary approval for the Agreement was issued. In addition to the preliminary approval, the order provided all prospective class members and their legal representatives receive notice of the proposed Agreement. Any individual who had comments regarding the Agreement could write to Class Counsel and/or attend the fairness hearing.

On November 20, 2019, the fairness hearing was held in Kansas City, Missouri. The courts reviewed any written/verbal comments to determine if the Agreement was reasonable, fair and adequate and should receive the court's final approval.

On December 5, 2019, the "Order Granting Final Approval of the Class Action Settlement" was signed and dated by United States District Judge Nanette Laughrey. The court retained jurisdiction of the Agreement for the purposes of enforcing the terms/requirements of the Agreement. To review a copy of the Agreement, please click on the link below.

[Joint Settlement Agreement](#)

A requirement within the Agreement is to appoint and maintain a Psychotropic Medication Advisory Committee (PMAC). The purpose of the PMAC is to provide professional and technical consultation and policy advice to DSS, including MO HealthNet (MHD) and CD on the development and implementation of policy pertaining to the administration of psychotropic medications to children in foster care. The Agreement required the appointment of a chairperson, co-chair and 14 committee members with specific professional credentials. The required PMAC appointments are complete and additional professionals who have information and/or expertise that could contribute to the PMAC have been added.

The PMAC is required to meet at least quarterly and prepare an annual report outlining the PMAC's work and progress made by DSS towards implementing the goals established by PMAC, with the report to be presented to the Director of DSS by February 15, 2021 and published on DSS's website. This annual report will contain the PMAC's work and implementation progress in 2020.

Psychotropic Medication Advisory Committee Members

Committee Member Name	Role	Affiliation
Judge Sue Crane	Chair - Associate Circuit Judge	Associate Circuit Judge - Division VII Thirteenth Judicial Circuit
Dr. Laine Young-Walker*	Co-Chair - Child and Adolescent Psychiatrist Chair - Clinical Sub-Committee	Chair Department of Psychiatry – University of Missouri
Jennifer Tidball	Acting DSS Director	Department of Social Services
Joanie Rogers	CD Interim Director	Children’s Division
Todd Richardson	MO HealthNet Division Director	MO HealthNet
Dr. Christopher Bellonci*	Child Psychiatrist	Judge Baker Children’s Center
Dr. Manuel Hernandez III*	Child Psychiatrist	Saint Luke's Hospital of Kansas City's Crittenton Children's Center
Dr. Patsy Carter*	Psychologist	Center for Excellence in Child Well-Being
Connie Cahalan	Director of Children’s Services	Department of Mental Health
Kristen Dickinson	Parent Attorney	Dickinson Law Firm
K.A-D	Youth in alternative care	Youth
RH	Youth in alternative care	Youth
HG	Youth in alternative care	Youth
Nick Mebruer	Guardian Ad Litem	Mebruer Law Firm
Dr. Nathan Beucke	Pediatrician	MU– Pediatrics
Dr. Mark Roaseau*	Pharmacist	MO HealthNet
Dr. Josh Moore*	Director of Pharmacy	MO HealthNet
Dr. Maya Moody*	Pediatrician	Center for Excellence in Child Well-Being
Lisa Dyer	Foster Parent	Children’s Division Licensed Foster Parent
Carrie Bolm	President/CEO MA-CF	Missouri Alliance for Children and Families
Jessica Haslag	Electronic Health Records	MO HealthNet
Sarah Willson	Vice President of Regulatory and Clinical Affairs	Missouri Hospital Association
Al Greimann	Exec. Vice President/CEO	Royal Oaks Hospital at Compass Health
Marlo Williams	Director of Residential Care Services	Cornerstones of Care

* Clinical Sub-Committee Members

Psychotropic Medication Advisory Committee Meetings

During 2020 the PMAC held eight (8) meetings some were held as virtual meetings through the Webex system. The meetings were scheduled for three (3) hours. PMAC members and participants received direct invitations for each meeting and PMAC open meeting notices, including proposed agendas, were placed on the DSS website so that others could receive notice and attend the meetings, if desired. An agenda and documents that would be presented during each meeting were sent in advance to allow members and participants a chance to review them prior to the meeting. The meetings and agendas are located at [PMAC Agenda and Minutes](#). The agenda contains the following items:

Welcome & Introductions

This is the time when the Chair or Co-Chair may address current events, introduce new PMAC members or PMAC participants and ensure that there are enough PMAC members in attendance to conduct the meeting.

Approval of Minutes

Prior to each meeting the PMAC members and PMAC participants receive a copy of the minutes from the last meeting. The Chair or Co-chair will ask members if they have viewed the minutes and request a motion for approval of the minutes.

Topics of Discussion

The Agenda contains several topics that are scheduled to be discussed during the meeting. These are summarized below in this report. The Chair or Co-Chair introduces the topics, facilitates the conversions, provides a summary of the topics and establishes the next steps to move the discussions towards a resolution.

Open Discussion

When each agenda topic has been covered the Chair or Co-Chair will ask PMAC members and participants if there any other topics that they would like to discuss. This allows the introduction of various comments, concerns and/or recommendations to be presented during the meeting. Some of the Open Discussion topics have included judicial education about the administration of psychotropic medication to children in foster care and the specific requirements of the Joint Settlement Agreement, as well as collaboration between PMAC members and participants to create trainings related to the Agreement.

Action Items

Each meeting concludes with a list of topics provided by the Chair or Co-Chair that were discussed during the current meeting which should be placed as a continuing topic on the next meeting's agenda for further review by the PMAC.

Psychotropic Medication Advisory Committee Meeting Highlights

DSS has contracted with the University of Missouri- Columbia to constitute a Center for Excellence within its Department of Psychiatry to be the Statewide Clinical Consultant. The Clinical Consultant's responsibilities include making recommendations to CD on the development and implementation of policy for conducting certain secondary reviews and to conduct certain secondary reviews, consistent with the terms of the Agreement.

The Children's Division continued to work with the clinical sub-committee, as described in the 2020 PMAC Annual Report, to review the dosage guidelines for psychotropic medications and develop the Excessive Dosage Criteria based on any medications that exceeded dosage guidelines. The annotated guide was completed by the clinical sub-committee and is a significant body of work.

The Automatic Review Criteria in Sections III.D.4.a-b and the Mandatory Review Criteria in III.E.1.k.i.a-b of the Agreement require of review of psychotropic medications to determine if the dosage exceeds the guidelines.

Psychotropic Medications refer to pharmaceutical drugs included in the following drug classes:

(1) Antipsychotics, (2) Antidepressants, (3) Lithium, (4) Stimulants, (5) Alpha agonists (*e.g.*, clonidine or guanfacine), (6) Anxiolytics/hypnotics (*e.g.*, benzodiazepines and nonbenzodiazepines), and (7) Anticonvulsants/mood stabilizers.

An Automatic Review is conducted when a child's use of a psychotropic medication meets the automatic review criteria for Children's Division to send a referral to the Statewide Clinical Consultant to request a review of the medications and provide their findings and recommendations.

A Mandatory Review is conducted when a child is prescribed a psychotropic medication that meets the mandatory criteria. Before informed consent may be given, CD shall ensure that a recommendation from a Qualified Psychiatrist is obtained as to whether consent should be granted for a dose in excess of the guidelines.

Excessive Dosage Guidelines

The Agreement requires a review of prescriptions for psychotropic medications that exceed certain guidelines. The development and implementation of these guidelines require advice from and consultation with medical and clinical experts.

The Children's Division and the clinical sub-committee members developed the [Missouri Children's Division Excessive Dosage Guide 11.30.20](#). The sub-committee met several times in order to complete their work. These meetings included a review of what other states have done, a review of FDA approved doses of medications and a review of the literature for medications without an FDA approval.

The guide contains the following tabs:

- Drug Listing: Lists trade name and Psychotropic Medications.
- Maximum Dose: FDA approval or PMAC recommendation
- Details: Lists information that was utilized to create the Excessive Dosage Guideline.
- Literature Review: Two documents that contain the Pediatric Psychopharmacology Dose Recommendations.
- Definitions: Lists the meaning of words and abbreviations contained in the Excessive Dosage Guidelines and contains links to convert medication dosages that are prescribed and administered based on the weight of the child.

Throughout the year, clinical sub-committee members and/or Children's Division staff have presented various drafts to the PMAC members for review, comments and recommendations. The final version of the Excessive Dosage Guidelines was presented on November 23, 2020 and accepted by the PMAC. This document has been published on the DSS webpage and will be routinely updated.

Informed Consent – Children in Inpatient Hospitalization

The PMAC members and participants continued to discuss the Informed Consent process for children in Inpatient Hospitalization settings, to streamline communication and improve timely response in situations when children demonstrate aggressive behaviors that potentially pose a threat to themselves, other patients and/or staff. There are medications which can be administered to decrease aggressive behaviors. The tension lies with the definition of emergency administration allowed by the settlement (PRN meds); hospital standards governing chemical restraint; and the accessibility of CD and parents to quickly make an informed consent decision.

During the January 27, 2020 meeting PMAC members presented their proposed protocol for use of psychotropic medications for specific inpatient hospital situations. PMAC members indicated that the primary focus of their proposed protocol is to allow children admitted for inpatient care who are in crisis to receive an order to administer psychotropic medications prior to obtaining informed consent.

Children's Division and PMAC members discussed various methods to address the issue. It was discussed that the Agreement describes emergency prescription and administration of psychotropic medications in Section III. E.1.1.

- **Emergencies.** Notwithstanding any other provision in this Agreement, Psychotropic Medications may be administered by a qualified prescriber without informed consent in an emergency situation. An emergency situation occurs when the purpose of the medication is to protect the life, safety, or health of the Child; to protect the life, safety, or health of others; to prevent serious harm to the Child or others; or to treat current or imminent substantial suffering.

Children's Division indicated that the Agreement language was placed in policy In the Children's Division Child Welfare Manual Section 4, Chapter 4 (Working with Children), Subsection 3 – Medical and Behavioral Health Planning, 4.3.3 Informed Consent

- **Emergencies:** Psychotropic medications may be administered by a qualified prescriber without informed consent in an emergency situation.

An emergency situation occurs when the purpose of the medication is to protect the life, safety or health of the child; to protect the life, safety or health of others; to prevent serious harm to the child or others; or to treat current or imminent substantial suffering.

- In instances of emergency, notification shall be provided to the case manager or authorized consenting party as soon as practicable.
- For a child in a residential program under contract with CD, residential program staff shall provide notice to the case manager or authorized consenting party within 24 business hours after the emergency administration of the medication.
- For a child in a hospital setting, the child's case manager shall inquire within two (2) business days of the child's hospital discharge to determine whether any psychotropic medications were administered on an emergency basis.
- The case manager shall document in the child's case record in FACES any psychotropic medications administered on an emergency basis while in a residential or hospital placement.
- The case manager shall notify the parent within 24 hours of learning of the event.

The Child Welfare Manual policy reference was provided to the PMAC members for review. The PMAC members who introduced the situation indicated that the revised policy would be appropriate as it allows the physician to make the decision regarding the emergency administration of psychotropic medications.

2020 Psychotropic Medication Advisory Committee Meeting Focus Areas

During each PMAC meeting the Health Information Specialists (HIS) team presents an update on CD's progress towards implementing the Joint Settlement Agreement requirements. The purpose of the presentations is to discuss or provide an overview of the current status and allow the PMAC to provide professional and technical consultation as needed. The HIS team focused on providing updates for all five (5) of the Agreement categories. These categories include:

A. Staff and Training (Section III. A.)

The HIS team and the Center for Excellence staff collaborated on interactive webinar trainings for "Engaging Youth, Parents and Resource Parents in Behavioral Health Care Decision" and "Improving the Use of Psychotropic Meds for Youth in Foster Care." CD offered the trainings to the child welfare community serving children in Missouri, including foster care staff, Resource Providers, Court Appointed Special Advocates (CASA), Guardian Ad Litem (GAL), and attorneys for children and parents.

B. Medication Monitoring (Section III. B.)

During the year HIS team members received questions from case management staff about the requirement for Non-Pharmacological treatment. This type of treatment focuses on providing services that do not utilize psychotropic medications. To address this issue, the HIS team developed an In-Service Training for both case managers and licensed resource providers focusing on Non-Pharmacological Interventions.

C. Medical Records (Section III. C.)

A member of the HIS team discussed the completion of the semiannual reports that are required to be posted for public view. The reports focused on describing CD's progress made toward developing and operating a system to maintain medical records and providing appropriate members of the child's treatment team access to those medical records. The reports provide the status of any current or forthcoming efforts regarding compiling and maintaining medical information and are located on the Psychotropic Medication Settlement page.

D. Secondary Review (Section III. D.)

A primary change in the Secondary Review section was the change in the Automatic Review Criteria. The changes became effective on December 5, 2020. The new Criteria will be:

1. Use of any Psychotropic Medication for a Child age three or younger;
2. For a Child age four or older:
 - a) Use of three or more Psychotropic Medications for 90 days or more;
 - b) Use of two or more concurrent antipsychotic medications for 90 days or more;
 - c) Multiple prescribers of any Psychotropic Medication for 90 days or more; and
3. A Child is prescribed a dose in excess of the guidelines described in Section III.G of the Agreement.

During the November meeting, the HIS team presented the Automatic Review process and the new criteria. The process and new criteria were presented to the Health Care Coordination Committee, another stakeholder in the community. The HIS team conducts monthly meetings with the medical and non-medical professionals at the Center for Excellence to discuss the Automatic Review process and criteria.

E. Informed Consent and Assent (Section III. E.)

Before providing informed consent for a psychotropic medication, CD must seek to obtain informed assent from the youth. In an effort to ensure the youth and parents are aware of their rights during the assent process, the HIS team developed a Learn Your Rights flyer for children, GALs and parents. The purpose of the flyers was to inform Children (age 12 and over), and to all Guardians ad Litem. The parent's flyer is to be provided during the Family Support Team (FST) meetings.

2020 Psychotropic Medication Advisory Committee Meeting Focus Areas

Special Projects

Throughout the year CD and PMAC members developed specific trainings for Excessive Dosage. The trainings are:

[Excessive Dosage Guidelines for Youth in Foster Care](#)

- Psychotropic Medication
- Informed Consent Procedures
- Parental and Youth Engagement
- Secondary and Mandatory Review Criteria
- Excessive Dosage Guidelines

[Overview of Excessive Dosage Guide for Prescribers](#)

- Administration for Children and Families (ACF) Oversight of Psychotropic Medication for Children Foster Care
- Psychotropic Medications in Children and Adolescents: Determination of Maximum Dose
- Working Collaboratively for the Benefit of Youth

These trainings are located on the [Resources for Professionals & Stakeholders](#) website.

Data Validation

The HIS team has introduced the Data Validator to the PMAC members. The Data Validator is a third party contractor of the State of Missouri who has had prior experience conducting data validation services for state child welfare agencies. The Data Validator is required to review CD's performance measures and determine compliance with the Exit Criteria identified in the Agreement. When the review is complete, the Data Validator will verify and report on CD's compliance with each Exit Criteria. The Data Validator will issue a final report on a semi-annual basis, which will be a public document.

Summary

DSS, CD continues to provide support to the PMAC to obtain professional and technical guidance and consultation from the members and participants. Although there have been several unforeseen events in 2020, the PMAC members and participants have been flexible and committed to providing their guidance and expertise to improve the prescription and administration of psychotropic medications to children in foster care.

I would like to take a moment and thank each member of the Psychotropic Medication Advisory Committee for all the hard work they've done this year. Each and every one of the members has proved to be invaluable in tackling the tough work at hand and providing guidance and expertise. This dedication has been evidenced by much of the behind the scenes work as well as the important discussions had during the various meetings and assures that all children and youth served, receive the highest level of care related to psychotropic medication administration. And I would further like to thank the Division of Social Services, Children's Division for being receptive to the guidance provided. As an Associate Circuit Judge who presides over juvenile proceedings, As the PMAC Chair, I feel confident this dedication will continue and children and youth will be well served now and in the future.